

MEMORANDUM FOR BASE EXCHANGE AND COMMISSARY

FROM: 88 MSG/SV

SUBJECT: **Letter of Authorization to Shop For**

1. This is to authorize

to **SHOP FOR** (Authorized Patron)

Sponsor's SSAN:

Expiration Date of ID:

2. This is necessary due to: MEDICAL CONDITION

3. This authorization expires on:



MARK D. ROBBINS, YC-03, DAF
Deputy Director, Services Division

I understand that this authorization **does not permit me** to buy items for **my own use, or anyone else's other than the authorized patron**. This letter does not provide for the purchase of tax free items such as cigarettes and alcohol.

Signature of Agent

***NOTE — A new letter is required each year from your physician to renew this authorization.**